

**BURBANK FIRE DEPARTMENT**  
**EMERGENCY MEDICAL SERVICES MEMBERSHIP PROGRAM**  
**Enrollment Form**

PLEASE PRINT CLEARLY

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Burbank, CA, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Mailing Address (if different from Street Address) \_\_\_\_\_ Email Address \_\_\_\_\_

How did you hear about our program? (Check one) ☐ friend/neighbor ☐ website ☐ utility insert ☐ newspaper ad other \_\_\_\_\_

**PLEASE LIST ALL RESIDENTS WHO RESIDE FULL TIME AT THIS ADDRESS. (FOR ADDITIONAL NAMES, ENCLOSE A SEPARATE SHEET.)**

FIRST NAME	LAST NAME	M.I.	DATE OF BIRTH	FIRST NAME	LAST NAME	M.I.	DATE OF BIRTH

**CHOOSE ONLY ONE OPTION:**

☐ I authorize Burbank Water and Power to charge an additional \$4.00 per month on my electric bill. Electric bill account number \_\_\_\_\_

☐ I have enclosed a check for \$48.00, made payable to the Burbank Fire Department, for one year of membership coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF YOU HAVE QUESTIONS OR NEED TO NOTIFY US OF ANY CHANGES,**  
**EMAIL [dhunt@burbankca.gov](mailto:dhunt@burbankca.gov) or CALL (818) 238-3486.**

**Mail form to: Burbank Fire Department – EMS Membership Program**  
**311 E. Orange Grove Avenue, Burbank, CA 91502**

FOR OFFICE USE ONLY	
Access _____	Banner _____
Stats _____	Wittman _____
Effective Date _____	